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State of California
Business, Transportation and Housing Agency
Department of Managed Health Care



## **Training and Experience Questionnaire**

#### Staff Counsel - Department of Managed Health Care

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Staff Counsel examination for the Department of Managed Health Care consists of a Supplemental Application used to evaluate your education, training and experience.

This Supplemental Application consisting of a Training and Experience Questionnaire is a scored component accounting for 100% of your rating in this examination. It is important to complete the questionnaire carefully and accurately. Please be sure to enter your name on each page of the questionnaire. Your responses are subject to verification before appointment to a position.

#### **Section I - Minimum Qualifications**

The items in this section request information regarding your minimum qualifications for the position of Staff Counsel. Your responses to these items will not be scored; however, they will be used to determine whether you meet the minimum qualifications for the position.

1.	Are you a cu	urrent member of the California Bar?
	☐ Yes	□ No
2.	•	ot a current member of the California Bar, are you eligible in all respects to ifornia Bar Examination?
	☐ Yes	□ No

# **Section II - Education**

Items in this section are used to determine your rating regarding educational background.

1. Enter the law school from which you graduated and your graduation date.

Law School:	Graduation Date:

2. What was your grade point average upon graduation from law school?

3.5 or higher
3.0 to 3.49
2.9 or lower

3. Enter up to four (4) activities, committees, membership, professional organizations and/or honor society in which you participated while in law school.

	Activity, Committee, Membership, Professional Organization, Honor Society
1	
2	
3	
4	

# **Section II - Education (continued)**

4. Enter up to four (4) honors that your have been awarded. Indicate the award title and the reason for the recognition.

	Award Title	In Recognition of:
1		
2		
3		
4		

5. Did	you part	icipate	in a	any o	f the	followi	ng?
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Moot court

Law review/journal

Legal clinics (including law clerk or internship positions)

NAME:
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# **Section II - Education (continued)**

6. For each of the subject areas listed below **in which you have completed specific courses in law school**, enter the course title, the school in which you took the course, and the units earned for the course. Limit your entry to no more than four (4) courses per subject area.

Subject Area	Course Title	Law School in which Course was Taken	Units Earned
	1		
Health Law	2		
пеанн Law	3		
	4		
	1		
Civil Litigation	2		
Civil Litigation	3		
	4		
	1		
Insurance Law	2		
insurance Law	3		
	4		
	1		
Law and Medicine	2		
Law and Medicine	3		
	4		
	1		
Administrative Law	2		
Autilitiolidite Law	3		
	4		

NAME:
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## **Section II - Education (continued)**

7. For each of the subject areas listed below **in which you have completed specific courses in law school**, enter the course title, the school in which you took the course, and the units earned for the course. Limit your entry to no more than four (4) courses per subject area.

Subject Area	Course Title	Law School in which Course was Taken	Units Earned
	1		
Public Contracting	2		
Law	3		
	4		
	1		
Fair Political	2		
Practices Law	3		
	4		
	1		
Employment Law (State civil service or	2		
private)	3		
	4		
	1		
Legislative Law	2		
Legislative Law	3		
	4		
Public/Government	1		
Law (e.g., Freedom of	2		
Information Act, Brown Act, Privacy Acts,	3		
legislative history, etc.)	4		

## **Section III - Experience**

Items in this section are used to determine your rating regarding experience.

1. Using the following rating scale, rate your experience in each of the areas listed in the table. Enter your job title, name of the organization in which the experience (paid or unpaid) was gained, and the dates worked in the capacity. For each area, enter no more than two (2) places in which you gained the experience. Note that the information provided is subject to verification.

#### **Rating Scale**

0 = No experience

1 = Less than 1 year of experience

2 = 1 year or more of experience

Area	Rating of Experience (use scale above)	Job Title and Name of Organization		Time Period (month/year)
Health care (e.g., health care lawyer, paralegal, law clerk, intern, legal analyst,		1	Job Title:  Organization:	From: To:
nurse, certified health care provider, EMT, etc.)		2	Job Title:  Organization:	From: To:
Insurance/managed health care industry (e.g., lawyer, law clerk, intern, paralegal, legal		1	Job Title: Organization:	From: To
analyst, claims reviewer, customer services representative, etc.)		2	Job Title: Organization:	From: To
Government/health care policy (e.g., lawyer, law clerk, intern, paralegal, legal		1	Job Title: Organization:	From: To
analyst, research specialist, compliance officer, policy/program analyst, etc.)	2	2	Job Title: Organization:	From: To
Litigation (e.g., civil, appellate,		1	Job Title:  Organization:	From:
appellate, administrative)		2	Job Title:  Organization:	From: To

NAME:
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#### **Section III - Experience (continued)**

2. Using the following rating scale, rate your experience in each of the areas listed in the table. Enter your job title, name of the organization in which the experience (paid or unpaid) was gained, and the dates worked in the capacity. For each area, enter no more than two (2) places in which you gained the experience. Note that the information provided is subject to verification.

#### Rating Scale:

- 0 No experience
- 1 Less than 1 year of experience
- 2 1 year or more of experience

Area	Rating of Experience (use scale above)	Job Title and Name of Organization		Time Period (month/year)	
			Job Title:	From:	
Employment		1	Organization:	То:	
or labor law			Job Title:	From:	
		2	Organization:	То:	
			Job Title:	From:	
Public contracting			Organization:	То	
law			Job Title:	From:	
		2	Organization:	То	
			Job Title:	From:	
		1	Organization:	То	
Consumer Advocacy			Job Title:	From:	
		2	Organization:	То	
Fair Political Practices Commission law			Job Title:	From:	
		1	Organization:	То	
			Job Title:	From:	
		2	Organization:	То	

# Section III - Experience (continued)

3. Use the following rating scale when evaluating the factors identified in each of the items below. Place your rating in the box to the left of each item.

- 0 Never
- 1 1 3 times
- 2 4 6 times
- 3 More than 7 times

How frequently have you made oral arguments in a legal proceeding (e.g., an administrative hearing or in civil or appellate court)?
How frequently have you made oral presentations or speeches before committees, commissions, city councils, school boards, civic groups, etc?
How frequently have you written legal memoranda or briefs, drafted legal opinions, o authored legal briefs or points and authorities?
How frequently have you drafted or analyzed legislation, rules, regulations, ordinances, or similar documents?
How frequently have you drafted, analyzed, or negotiated a contract, agreement, stipulation, or other similar document?

Department of Managed Health Care
Staff Counsel Examination - Supplemental Application

ME:						
	ME:	ME:	ME:	ME:	ME:	ME:

# Section IV - Applied Job Knowledge

Using the rating scale below, rate your knowledge on each of the following factors. Place your rating in the box to left of each item.

## Rating Scale:

- 0 No knowledge
- 1 Minimal/some knowledge
- 2 Significant/extensive knowledge

Legal research methods and sources both printed and electronic
Professional ethics rules as they relate to the practice of law and the role of public attorneys
The legislative process at the state or federal levels
Law that applies to public entities (e.g., Bagley Keene Open Meeting Act, Public Records Act, Brown Act, etc.)
Administrative law
Law as it relates to health care and health care delivery systems
Administrative hearings
Appellate practice
Insurance law

ME:						
	ME:	ME:	ME:	ME:	ME:	ME:

# **Section V - Published Materials**

List no more than five (5) of your published materials such as law review, journal articles, books, short stories, etc.

	TITLE	TYPE OF PUBLISHED MATERIAL	APPROXIMATE DATE OF PUBLICATION
1			
2			
3			
4			
5			

**END OF QUESTIONNAIRE**